

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number
 09/872,574
 CBD-001

CLAIMS AS FILED - PART I				SMALL ENTITY		OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)					
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE	RATE	FEE
BASIC FEE (37 CFR 1.16(a))					\$ _____		\$ _____
TOTAL CLAIMS (37 CFR 1.16(c))		minus 20 =	*	x \$ _____		x \$ _____	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 3 =	*	x _____		x _____	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ _____		+ _____	
* If the difference in column 1 is less than zero, enter "0" in column 2				TOTAL		TOTAL	

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)				
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
Total (37 CFR 1.16(c))	* 24	Minus	** 30 = 0	x \$ 9 =	0	x \$ _____		
Independent (37 CFR 1.16(b))	* 7	Minus	*** 11 = 0	x 42 =	0	x _____		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____		+ _____	
TOTAL					0	TOTAL		

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)				
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
Total (37 CFR 1.16(c))	* _____	Minus	** _____ =	x \$ _____		x \$ _____		
Independent (37 CFR 1.16(b))	* _____	Minus	*** _____ =	x _____		x _____		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____		+ _____	
TOTAL						TOTAL		

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)				
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
Total (37 CFR 1.16(c))	* _____	Minus	** _____ =	x \$ _____		x \$ _____		
Independent (37 CFR 1.16(b))	* _____	Minus	*** _____ =	x _____		x _____		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____		+ _____	
TOTAL						TOTAL		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.
 Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
 Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.